



GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

Post Office Box 13446

Macon, Georgia 31208

(478) 207-2440

www.sos.state.ga.us/plb/lpn

APPLICATION FOR LICENSURE BY ENDORSEMENT

GENERAL INSTRUCTIONS

Applicant: It is illegal to practice as a licensed practical nurse in Georgia unless you have an active (current) license issued by this board. Please read these instructions before completing the application and keep the instructions for your reference. Please refer to Board's website for the Rules and Laws pertaining to licensure requirements.

LICENSURE INFORMATION: In order to be eligible for licensure by endorsement in Georgia, you must meet these requirements.

1. You must be licensed as a practical nurse (or vocational nurse) under the laws of another state or territory of the United States. (O.C.G.A. §43-26-32: Law and Rules) The licensure requirements by which you received licensure should reflect that:
 - ✓ You received a degree or diploma from a board approved nursing or Army 91C, 91WM6 or current program 68WM6. Or you received a degree or diploma from a nursing program that is determined to be equivalent to a Georgia practical nurse program. If you did not receive a nursing degree or diploma, you will not be eligible for licensure in Georgia.
 - ✓ The applicant must be at least 18 years of age and in good physical and mental health.
 - ✓ The applicant must be a high school graduate or have a General Education Diploma. (GED)
2. You must have passed the National Licensing Examination. (SBTPE or NCLEX-PN or NCLEX-CAT FOR PN) There are no exceptions.
3. Verification of active practice within the five (5) year period immediately preceding your application date by submission of one of the following:
 - Three (3) months or five-hundred (500) hours of paid licensed practice as a practical/vocational nurse within five (5) years immediately preceding the date of your application; or
 - Graduation from a nursing education program within one (1) year immediately preceding the date of your application; or
 - Any Applicant who was initially licensed within (1) year from date of application; or
 - Completion of a Board approved refresher program within five (5) years of the date of your application (Requires pre-approval by the Board).
4. Additional requirements for licensure in Georgia include:
 - ✓ You must hold a current license in good standing from another state.
 - ✓ You must not be otherwise disqualified under O.C.G.A. §43-26-40.

✓ **YOU MUST SUBMIT THE FOLLOWING REQUIRED DOCUMENTS WITH YOUR APPLICATION AND FROM THE VERIFYING AGENCIES:**

APPLICATION FEE (nonrefundable)	Please refer to fee schedule for appropriate fee. The nonrefundable fee must accompany each application. Applications received without the fee or with an incorrect fee will be returned without review. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.
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APPLICATION	Type or print in ink. You must respond to all questions and requests on the application or it will be returned for you to complete. You must use your legal name; nicknames or initials will not be accepted. Include a recent passport-type photograph. (Head and neck of the applicant only taken within the last 60 days. No copier or digital pictures.) Be sure to sign the application and have it notarized.
VERIFICATION OF EMPLOYMENT	Submit the Verification of Employment form (page 8) to your most recent employer (DON, Personnel Director, or Human Resources Department) who can provide verification of your practice as a LPN within the last five years. If your most recent employer is unable to verify 500 hours or 3 months of practice, you must request any other employer to complete a form (make copies) and verify practice. <u>All applicants must submit verification of employment.</u> This form must be completed and mailed by your employer, DIRECTLY to the Board office. Section II of the form must be completed by the employer, <u>not the applicant</u> . If you are unable to provide proof of 500 hours or 3 months of practice within the last five years, you will not be eligible for licensure without completion of a board approved refresher program. If you have not practiced in seven years or more, you must complete a board approved refresher program and successfully pass the NCLEX-PN. If you have not practiced in 10 years or more you will have to complete a Licensed Practical Nursing program in its entirety.
VERIFICATION OF ORIGINAL LICENSE	All applicants must submit verification from the state where originally licensed. Complete Part I of the VERIFICATION OF ORIGINAL LICENSE form and submit it to the state where originally licensed. As there may be a fee due to that state, contact that state to find out. Request the state to return the form DIRECTLY to the Board office. If you need verification from a state that participates in Nursys you must complete the Nursys' License Verification form available at < http://www.nursys.com >.
VERIFICATION OF ALL CURRENT LICENSES	All applicants must submit verification from all states where a current license is held. Complete Part I of the VERIFICATION OF LICENSE form and submit it to the state where you are currently licensed. There may be a fee due to that state, contact that state to find out. Request the state to return the verification form DIRECTLY to the Board office. If you need verification from a state that participates in Nursys you must complete the Nursys' License Verification form available at < http://www.nursys.com >.
VERIFICATION OF NURSING EDUCATION	Applicants may be required to submit a copy of their nursing certificate, official transcript, or request school official to complete the Education Verification Form. This will be required only if the nursing program completed is not verified by Nursys or your verification of license from original state of licensure.
LETTER OF EXPLANATION	If you responded "yes" to any question in Section III: Background information, you must submit a letter of explanation.
FINAL DISPOSITIONS	If you responded "yes" to question 14, 15, 16, 17 you must submit a copy of the final disposition of the matter.
CREDENTIAL EVALUATION	If you graduated from an International nursing program, you must have your educational credentials evaluated <u>for practical nursing</u> . This process may take up to one year; you are encouraged to complete the credential evaluation for practical nurses before making application for licensure with Georgia. A list of approved agencies is below.
CALCULATION OF CLOCK HOURS	Anyone who graduated from a RN/ADN program or international program or was originally licensed by equivalency (or challenge) must have the nursing program where you received your nursing degree or diploma complete the Calculation of Contact Clock Hours Form along with an official transcript. Request the school to mail directly to Board office.
APPLICATION SPECIALIST REVIEW	An application is considered complete when all supporting documents are received. Once your application is complete, you can expect a license between three (3) to six (6) weeks. If your application is complete and you meet all the requirements for licensure, a license will be issued to you; otherwise you will be notified of the status of your application in writing.
APPLICATIONS REQUIRING BOARD EVALUATION	Only a completed application, with all supporting documents for an arrest/conviction, sanction, disciplinary action, or approval of education which requires Board approval will be presented to the Board for evaluation. Decisions of the Board are communicated by letter approximately 15 business days following the board meeting. The Board's office staff is not authorized to discuss Board decisions over the telephone.

SSN	THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, 42 U.S.C.A §§551, 20 & 101
OTHER DOCUMENTS AS REQUIRED	Certain documents and verifications may be required by the Board to complete your application for licensure. You will be notified in writing of any specific documents or verifications necessary to complete your application by endorsement
ADDRESS AND NAME CHANGES	Please notify this office immediately, in writing, of any address and/or name change. Address changes may also be made via the website www.sos.ga.gov . The post office does not forward mail from the board. All name changes must include a <u>copy</u> of the official document that changes the name. (Social security cards and drivers licenses are not acceptable.)
APPLICATION STATUS	Follow-up on application status is the responsibility of each applicant. If pending information is not submitted within 12 months of the initial filing date, the application will not receive further consideration by the Board. The applicant must then file a new application and pay the appropriate fee.

UNACCEPTABLE PROGRAMS

Holding a LPN license from another state does not guarantee licensure in Georgia. Georgia law does not provide for licensure by challenge or experience. The Army 91C, 91WM6 or 68WM6 nursing program is the only acceptable armed forces training for practical nursing. NLN accredited correspondence programs may be acceptable; all other correspondence programs are not acceptable. You must have graduated from a nursing program. Medical Assistants, Medical Techs, and Psychiatric Techs are not eligible for a practical nurse license in Georgia. If you do not meet these requirements, you should consider enrolling in a nursing program. A list of approved programs is available on our website at www.sos.state.ga.us/plb/lpn.

CREDENTIAL AGENCIES

Commission on Graduates of Foreign Nursing School (CGFNS)
3600 Market Street Suite 400
Philadelphia, Pennsylvania 19104-2651
Telephone: (215) 349-8767

Foundation for International Services, Inc.
3123 Eastlake Avenue, East
Seattle, Washington 98102-3875
Telephone: (206) 328-0260

Education Credential Evaluators, Inc.
P. O. Box 17495
Milwaukee, Wisconsin 53217-0491
Telephone: (414) 964-0477

International Consultants of Delaware, Inc.
109 Barksdale Professional Center
Newark, Delaware 19711
Telephone: (302) 737-8715

FOR BOARD USE ONLY	
Amount Submitted	_____
Date	_____
Receipt #	_____



FOR BOARD USE ONLY	
Certificate Number	_____
Date Issued	_____
Applicant No.	_____

GEORGIA STATE BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

Post Office Box 13446

Macon, Georgia 31208

(478) 207-2440

www.sos.state.ga.us/plb/lpn

APPLICATION FOR LICENSURE - ENDORSEMENT

LICENSED PRACTICAL NURSE

Application Fee: \$75.00 (non-refundable)

Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. § 16-9-20.

SECTION I: PERSONAL INFORMATION

1. **NAME**

 LAST FIRST MIDDLE MAIDEN

2. **NAME** as shown on documentation or transcripts

(if different):

 LAST FIRST MIDDLE MAIDEN

3. **SOCIAL SECURITY NO.**

DATE OF BIRTH

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§19-11-1 & 20-3-295, 42 U.S.C.A §§551, 20 & 101)

4. **ADDRESS**

PHYSICAL/HOME ADDRESS – P.O. BOX NOT ACCEPTABLE

APT #

CITY

STATE

ZIP

If you are granted a license, your name, mailing address and license number become public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

5. **ADDRESS**

MAILING ADDRESS – IF DIFFERENT

APT #

CITY

STATE

ZIP

6. **DAYTIME PHONE**

OTHER PHONE

7. E-Mail Address: _____

8. _____ I am a U.S. citizen

9. _____ I am not a U.S citizen, but I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States of America. (complete page 13 and submit documentation). Applicant must provide verification of qualified alien status; see page 13 for acceptable documents verifying authorization to lawfully be present in the U.S.

APPLICATION FOR LICENSURE BY ENDORSEMENT

Instructions:

1. Please read the general instructions thoroughly before completing this application.
2. If you have ever held a Practical Nurses license in this state, this is the wrong application.
3. Fully complete this application. Type or print clearly.
4. Keep the instruction sheet for your records.
5. Enclose all required documents with your application and a nonrefundable application fee of \$75.00. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20. See fee schedule
6. Sign and have the application notarized, a photograph of the applicant must be attached at time of notary.
7. Submit the Verification of Employment form to your LPN employer. The employer is to complete and mail the form directly to the Board office @ 237 Coliseum Driver, Macon, GA 31217.
8. Submit the Verification of Licensure form to the current and original state of licensure. Contact state for fee.

SECTION II – PROFESSIONAL INFORMATION

10. WHAT CITY AND STATE DID YOU ATTEND HIGH SCHOOL? _____

NAME OF HIGH SCHOOL _____

Did you graduate? ☐ YES ☐ NO Give the date of graduation _____
Circle how many years were completed. 1 2 3 4 5 6

If you did not graduate from high school, do you have a GED or other high school equivalency certificate? ☐ NO ☐ YES, Give date of completion _____

* NOTE: A copy of High School Diploma, GED or Certificate may be requested as evidence of completion.

11. BASIC NURSING EDUCATION: (Indicate appropriate program)

☐ VN/PN PROGRAM ☐ RN/ADN PROGRAM ☐ FOREIGN PROGRAM
☐ US ARMY PROGRAM ☐ OTHER (Please specify) _____
(91C/91WM6, 68WM6)

*NOTE: A copy of Nursing Certificate, Official Transcript or Education Verification will be required if education is not verified by NURSIS or your license verification from your original state of licensure.

12. NAME OF NURSING SCHOOL _____

Address of School _____ City _____ State _____ Zip _____

Did you graduate? ☐ NO ☐ YES, give date of graduation _____ Diploma/Certificate? _____

*NOTE: GA LAW 43-26-38 – Applicant must have graduated from a nursing education program approved by the Board or which meets criteria similar to, and not less stringent than those established by the Board. Also please refer to Board Rule 400-2-.04 Interstate Endorsement Licensure.

13. LIST STATE(S) OF LICENSURE AS LPN/VN (Include additional sheets if necessary)

State Originally Licensed	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

14. LIST OTHER LICENSE(S) OR CERTIFICATION(S) YOU HAVE EVER HELD:

Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

15. HAVE YOU WORKED AS A LICENSED PRACTICAL NURSE WITHIN THE LAST FIVE (5) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION?

☐ **NO** - If no, submit the last date of LPN employment _____

☐ **YES** - If yes, Submit the Verification of Employment form (page 8) to your most recent Employer to verify 500 hours or 3 months of paid Licensed Practical Nurse practice and list all past LPN employment within the last five years (LPN practice must have been paid and under the supervision of a RN, physician, podiatrist or dentist.) Your Employer must mail this form directly to the Board. Section II of the Verification of Employment form must be completed by your employer. The form will not be accepted if completed by the applicant.

**** List place of employment on the application below:**

Practice Year	LPN Practice (yes or no)	Hours practiced in year	Place of LPN practice: Name of Agency, city, state	Duties
2008	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2007	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2006	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2005	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2004	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2003	<input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION III: BACKGROUND INFORMATION

If you answer yes to any of the following questions, please attach a letter of explanation. For questions 17, 18, 19 and 20 submit the letter of explanation and a certified copy of the official document that indicates the final disposition of the action, (such as court indictment, police record, certified warrant/court dismissal, verdict of first offender treatment). You are expected to read each question carefully, completely and update the information, if necessary. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully and to update the information may be grounds for denial of your application or other disciplinary action against you.

16. ☐ YES ☐ NO **HAVE YOU EVER APPLIED FOR LICENSURE IN GEORGIA?** If yes, submit a letter of explanation.

17. ☐ YES ☐ NO **HAS ANY LICENSE OR CERTIFICATION ISSUED TO THE APPLICANT BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE HAD ACTION TAKEN AGAINST IT OR BEEN REVOKED OR INVESTIGATED OR SUSPENDED, DISCIPLINED OR OTHERWISE SANCTIONED?** If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.

18. ☐ YES ☐ NO **HAVE YOU EVER BEEN DENIED ISSUANCE OF OR, PURSUANT TO DISCIPLINARY PROCEEDINGS, REFUSED RENEWAL OF A LICENSE BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE?** If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.

19. ☐ YES ☐ NO **HAVE YOU EVER FAILED TO RENEW ANY LICENSE OR CERTIFICATION ISSUED TO YOU BY ANY BOARD OR AGENCY IN GEORGIA OR OTHER STATE BECAUSE OF PENDING DISCIPLINARY ACTION OR INVESTIGATION?** If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.

20. ☐ YES ☐ NO **OTHER THAN MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY OR MISDEMEANOR? (DWI/DUI are not considered minor traffic violations)** For purposes of this questions, a "conviction" includes a finding of verdict of guilty, a plea of guilty, or a plea of nolo contendere in a criminal proceeding regardless of whether an appeal of the conviction has been sought, and also includes any adjudication of guilt or sentence withheld or not entered pursuant to the provisions of Code Sections §42-08-64, relating to first offenders, or any comparable rule or statute. If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.

21. ☐ YES ☐ NO DO YOU HAVE ANY PHYSICAL DISABILITY WHICH WILL IMPAIR OR LIMIT YOUR ABILITY TO PRACTICE NURSING? If yes, submit a letter of explanation.
22. ☐ YES ☐ NO HAVE YOU BEEN REPRIMANDED, DEMOTED, DISCIPLINED, TERMINATED, OR CAUTIONED BY AN EMPLOYER WHILE EMPLOYED WITHIN THE HEALTHCARE FIELD? If yes, submit a letter of explanation.
23. ☐ YES ☐ NO HAVE YOU TAKEN THE NCLEX-PN? IF NO, INDICATE TYPE OF EXAM: _____

AFFIDAVIT

I hereby authorize the Georgia Board of Examiners of Licensed Practical Nurses to receive any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other State or Territory. Under penalties of perjury, I declare and affirm that I am in good physical and mental health with no finding that should prohibit me from the performance of nursing duties and that the statements made in the foregoing application are true, complete and correct. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure. I further certify that I am the person photographed as attached.

**AFFIX ORIGINAL
PASSPORT-SIZED
PHOTO OF
APPLICANT ONLY
(Taken within the last
60 days.)**

**Applicant must sign
the back of the
photo
Digital-copied
Photos are
not accepted.**

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20 ____.

State of _____ County of _____

Notary Public

My Commission Expires: _____ (seal)

Note to Notary: Applicant must sign the application and a photo must be attached at time of notary, with proper ID.



**PLEASE SEPARATE THIS FORM, GIVE TO YOUR MOST RECENT
EMPLOYER TO COMPLETE, AND, ASK THE EMPLOYER TO MAIL THIS
FORM DIRECTLY TO THE BOARD OFFICE:**

GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 COLISEUM DRIVE * MACON GEORGIA * 31217-3858

VERIFICATION OF EMPLOYMENT

Applicant Instructions:

1. Complete Section I and sign. **DO NOT COMPLETE ANY PARTS OF SECTION II.**
2. Submit this form to your most recent **employer (DON, Personnel Director, Human Resources Department)** who can provide verification of your practice as a LPN within the last five years. The person completing Section II is to **return** this form **DIRECTLY** to the Board office.
3. If you are unable to provide proof of 500 hours of practice within the last five years, you will not be eligible for licensure without completion of a board approved refresher program.

Section I (To be completed by applicant)

Name of Applicant _____
Last First Middle Maiden

Address _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a LPN to the Georgia Board of Examiners of Licensed Practical Nurses. I understand this information is required as part of the application for licensure process and will be sent directly to the Georgia LPN Board.

Signature of Applicant _____

Social Security Number _____

Date of Birth _____

Applicant's telephone number _____

Section II (To be completed by person verifying employment.)

Employer Instructions:

1. Complete Section II of this form. **THE APPLICANT SHOULD NOT COMPLETE ANY PART OF THIS SECTION.**
2. LPN employment must have been paid and under the supervision of a RN, physician, podiatrist or dentist.
3. DO NOT GIVE FORM TO APPLICANT. **The form must be mailed directly to Board office by the employer.**

INFORMATION MUST BE COMPLETED BY EMPLOYER, NOT ACCEPTED IF COMPLETED BY APPLICANT.

1. Employee's Position/Title: _____ Physical Location of Job: _____
2. Was a practical nurse license required?: _____ (City/State)
3. Employment Dates: From: _____ To: _____

List below the number of hours worked per year and duties:

Year	<u>HOURS</u> worked per year	Duties
2008		
2007		
2006		
2005		
2004		
2003		

Company Name _____

Company Address _____

Company City State and Zip _____

Employer Signature _____

Printed Name and Title _____

Telephone No. _____



PLEASE SEPARATE THIS FORM, COMPLETE PART I, SUBMIT THE ENTIRE FORM TO THE STATE WHERE YOU WERE ORIGINALLY LICENSED. A FEE MAY BE REQUIRED. REQUEST THE LICENSING AGENCY COMPLETE PART II AND MAIL THIS FORM DIRECTLY TO THE ADDRESS BELOW, NOT THE POST OFFICE BOX:

GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 COLISEUM DRIVE * MACON GEORGIA * 31217-3858

VERIFICATION OF ORIGINAL LICENSE

APPLICANT: Complete Part I and submit the entire form to the state where you were originally licensed. A fee may be required by the state.

PART I

I, _____, HEREBY AUTHORIZE THE STATE OF _____
BOARD OF NURSING TO FURNISH TO THE GEORGIA BOARD OF EXAMINERS OF LICENSED
PRACTICAL NURSES THE INFORMATION REQUESTED BELOW.

PHONE NUMBER _____ SIGNATURE _____ SOCIAL SECURITY NO. _____ LICENSE NO. _____
APPLICANT – DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY USE ONLY

LICENSING AGENCY: The above applicant has applied for a license by endorsement to practice nursing as a
Licensed Practical Nurse in Georgia. To meet the current requirements of the law, the Board is requesting that you
complete Part II of this verification form and return it to the Board office as soon as possible. Thank you.

PART II

Did applicant present evidence of completion of high school or the equivalent?

☐ YES ☐ NO, indicate how much education was completed

Type license issued:

<input type="checkbox"/> LPN/VN	License no. _____	Date issued _____
<input type="checkbox"/> RN	License no. _____	Date issued _____
<input type="checkbox"/> OTHER	License no. _____	Date issued _____

Licensed by: ☐ Exam ☐ Endorsement ☐ Waiver ☐ Equivalency ☐ Grandfather Clause

License status : ☐ Current ☐ Inactive ☐ Lapsed

Expiration date _____
Date of last renewal _____
Date of last renewal _____

Name of nursing program completed _____

Was program a board approved practical nursing program?

☐ YES

☐ NO, please furnish details: _____

Did applicant write the NSBTPE or NCLEX-PN?

☐ YES, please indicate Score _____ Series _____ Required passing score _____

☐ NO, please indicate exam written _____ Score _____ Required passing score _____

Has the license ever been encumbered in anyway? (revoked, suspended, surrendered, restricted, limited, placed on probation) ☐ YES ☐ NO

Is the license pending disciplinary action currently under investigation? ☐ YES ☐ NO

REMARKS:

SIGNATURE

(BOARD SEAL)

TITLE

BOARD ADDRESS: _____

DATE

BOARD PHONE NO. _____



PLEASE SEPARATE THIS FORM, COMPLETE PART I, SUBMIT THE ENTIRE FORM TO THE STATE WHERE YOU ARE CURRENTLY LICENSED. A FEE MAY BE REQUIRED BY THE STATE. REQUEST THE LICENSING AGENCY COMPLETE PART II AND MAIL THIS FORM DIRECTLY TO THE ADDRESS BELOW, NOT THE POST OFFICE BOX:

GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 COLISEUM DRIVE * MACON GEORGIA * 31217-3858

VERIFICATION OF CURRENT LICENSE

PART I

I, _____, HEREBY AUTHORIZE THE STATE OF _____
BOARD OF NURSING TO FURNISH TO THE GEORGIA BOARD OF EXAMINERS OF
LICENSED PRACTICAL NURSES THE INFORMATION REQUESTED BELOW.

Current Phone No. _____

SIGNATURE _____

Social Security No. _____

License No. _____

APPLICANT – DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY USE ONLY

LICENSING AGENCY: The above applicant has applied for a license by endorsement to practice nursing as a Licensed Practical Nurse in Georgia. Please furnish the Georgia Board the following information AND mail to Georgia Board of Examiners of Licensed Practical Nurses * 237 Coliseum Drive, Macon, Georgia 31217-3858

PART II

Licensed by: ☐ Exam ☐ Endorsement ☐ Waiver ☐ Equivalency ☐ Grandfather clause

License status: ☐ Current Expiration date _____
☐ Inactive Date of last renewal _____
☐ Lapsed Date of last renewal _____

Licensee: _____ License Number: _____ Issue Date: _____

Has the license ever been encumbered in anyway? (revoked, suspended, surrendered, restricted, limited, placed on probation) ☐ YES ☐ NO

Is the applicant currently under investigation? Yes () No ()

REMARKS: _____

SIGNATURE _____

(BOARD SEAL)

TITLE _____

BOARD ADDRESS: _____

DATE

BOARD PHONE #: _____

NAME _____

ADDITIONAL INFORMATION SHEET - If you answered a question requiring additional information, please use the space below.

[illegible]



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
P.O. Box 13446
Macon, Georgia 31208
(478) 207-2440**

CONSENT FORM

I authorize the **Georgia Board of Examiners of Licensed Practical Nurses** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Applicant's Full Name (Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)



The Office of Secretary of State
Professional Licensing Boards Division
Georgia Board of Examiners of Licensed Practical Nurses
237 Coliseum Drive
Macon, Georgia 31217-3858
478-207-2440

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Note: Please indicate below which documentation you will submit to show proof you are a qualified alien under the Federal Immigration and Naturalization Act.

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation

Applicant's Signature Date